

# APPLICATION FOR WAIVER

STATE OF MAINE  
WORKERS' COMPENSATION BOARD  
27 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0027  
TEL: (207) 287-3751 FAX: (207) 287-7198

APPLICANT-EMPLOYEE

BUSINESS - EMPLOYER

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMPLOYER PHONE #: \_\_\_\_\_

I am employed by the above-named employer which is a (check one):

- |  |  |
|--|--|
| <input type="checkbox"/> SOLE PROPRIETOR (COMPLETE PART I)           | <input type="checkbox"/> CORPORATION (COMPLETE PART III)             |
| <input type="checkbox"/> PARTNERSHIP (COMPLETE PART II)              | <input type="checkbox"/> PROFESSIONAL CORPORATION (COMPLETE PART IV) |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY (COMPLETE PART V) |  |

\* Please provide Employers' Federal ID # \*

## PART I SOLE PROPRIETOR

- ☐ I am the parent, spouse or child of the above-named sole proprietor.  
(Please circle one)

## PART II PARTNERSHIP

- ☐ I am the parent, spouse or child of the above-named partner/partnership.  
(Please circle one)

## PART III CORPORATION

- ☐ A. I am a bona fide owner of at least 20% of the outstanding voting stock of the above-named corporation.

- |  |       |                                |
|--|-------|--------------------------------|
| 1. Number of Voting Stock Issued by Employer | _____ | (actual number not percentage) |
| 2. Number of Voting Stock Owned by Applicant | _____ | (actual number not percentage) |

OR

- ☐ B. I am the parent, spouse or child of an individual who is the bona fide owner of at least 20% of the outstanding voting stock of the above-named corporation and who has obtained a waiver under Part III (A).  
(Please circle one)

## PART IV PROFESSIONAL CORPORATION

- ☐ A. I am a shareholder of the above-named professional corporation.

OR

- ☐ B. I am the parent, spouse or child of a shareholder of the above-named professional corporation. That shareholder has obtained a waiver under Part IV(A). (Please circle one)

## PART V LIMITED LIABILITY COMPANY

- ☐ A. I am the parent, spouse or child of a member of the above-named limited liability company.  
(Please circle one)

I hereby waive all benefits and privileges provided by the Maine Workers' Compensation Act pursuant to 39-A MRSA § 102(11) (A) (4) and (5).

In signing this waiver, the applicant certifies that the waiver is not a prerequisite condition to employment.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**NOTE: ANY PERSON MAY REVOKE OR RESCIND THAT PERSON'S WAIVER UPON 30 DAYS WRITTEN NOTICE TO THE BOARD AND THAT PERSON'S EMPLOYER.**

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